PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

-1	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.								
•	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 000201 7590 11/21/2005 UNILEVER INTELLECTUAL PROPERTY OR OUP				····	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission			
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	700 SYLVAN AVE	/	FEB 0 6 2006		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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)2/0	7/2006 MBIZUNE2 00000		9 REPRESENTATION	E PADEM DE SE		Kare		(Signature)	
)1 F	C:1501 1400.00 DA						2/2/06	(Date)	
)Z F	C-1504 300-00 APPLICATION NO.	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/616,729	07/10/2003	Daniel Raymond			/les	J6723(C)	2755	
	TITLE OF INVENTION: METHOD OF TREATING HAIR WITH HEAT AND A CAP WHICH PROVIDES A SIGNAL REGARDING TREATMENT								
	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400			\$300	\$1700	02/21/2006	
	EXAMINER		ART UNIT		C	LASS-SUBCLASS	J		
	VANIK, DAVID L			1615		424-701000			
	Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	ation form e of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Unilever Home & Personal Care USA 205 North Michigan Avenue							enue, 32nd Flo	or	
	Division of Conopco, Inc. Chicago, Illinois 60601								
	Please check the appropriate	check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern							
		The following fee(s) are enclosed: 4b. Payment of Fee(s):							
	Issue Fee	<u> </u>				nount of the fee(s) is e			
				Payment by credit card. Form PTO-2038 is attached.					
	Advance Order - # of Copies Dep				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to peposit Account Number 12-1155 (enclose an extra copy of this form).				
	5. Change in Entity Status (from status indicated above)								
	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified at NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.							cation identified above. the assignee or other party in	
	Authorized Signature				Date 3/2/06				
	Typed or printed name Karen E. Klumas			Registration No. 31,070					
	This collection of informatio an application. Confidentialistic submitting the completed an	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C	311. The informatio	n is required	to obtai	n or retain a benefit by is estimated to take 12	the public which is to file (a minutes to complete, includ	nd by the USPTO to process) ing gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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on February 2, 2006

KAREN E. KLUMAS

ATTORNEY FOR APPLICANTS(S)

REGISTRATION NO. 31,070

PATENT

01-0506-A-HC

J6723(C)

IN UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201

Applicant: Serial No.: **Pyles** 10/616,729

Filed:

July 10, 2003

For:

METHOD OF TREATING HAIR WITH HEAT AND A CAP WHICH PROVIDES A SIGNAL

REGARDING TREATMENT

Group: 1615

Examiner: David L. Vanik Englewood Cliffs, NJ 07632

February 2, 2006

ISSUE FEE TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

With regard to the above-identified patent application, Applicant(s) are enclosing herewith "Issue Fee Transmittal" Form PTOL-85(b). Ten (10) soft copies of the printed patent are hereby requested.

Please deduct the \$1400.00 Issue Fee payment and \$300 for Publication Fee from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted,

Karen E. Klumas

Registration No. 31,070

Attorney for Applicants

KEK:sc 201-894-2332